

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>23-JAN-2012</b>		TIME <b>04:55:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>		3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>0713</b>	
	5. POSITION <b>9161</b>		6. LAST NAME <b>KAPIOR</b>		7. FIRST NAME <b>MICHAEL A</b>		8. STAR NO. <b>16574</b>		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	10. RACE CODE <b>WHI</b>		11. AGE <b>509</b>		12. HT. <b>185</b>		13. WT. <b>185</b>			
SUBJECT INFORMATION	14. DATE OF APPT <b>24-APR-1991</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>311 67211</b>		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19. MEMBER IN UNIFORM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>510</b>		27. WT. <b>180</b>			
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS <b>80621 CHICAGO, IL</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Under Influence <input type="checkbox"/> Hospitalized <input checked="" type="checkbox"/> Not Hospitalized <input checked="" type="checkbox"/> Refused Medical Aid		36. CHARGES PLACED <b>625 ILCS 5.0/18B-103,392.14, 9-40-140, 9-40-130, 9-24-010(B), 625 ILCS 5.0/11-5</b>		37. CB NO. <b>[REDACTED]</b>	
	38. IR NO. <b>[REDACTED]</b>		39. DNA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. DNA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
	45. TASER PART ID NO. <b>[REDACTED]</b>		46. WEAPON SERIAL No. (Include Letters) <b>[REDACTED]</b>		47. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		48. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		49. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>	
	50. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		51. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		52. TYPE OF AMMUNITION USED <b>[REDACTED]</b>		53. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>[REDACTED]</b>		54. TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>	
CASE INFO.	55. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		56. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		57. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b>		58. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		59. DID MEMBER USE SIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	60. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY) <b>[REDACTED]</b>		61. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		62. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 06 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		63. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		64. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>	
	65. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		66. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		67. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
SIGNATURES	70. REPORTING MEMBER (Print Name) <b>KAPIOR, MICHAEL A</b>		STAR/EMPLOYEE NO. <b>16574</b>		SIGNATURE <b>[REDACTED]</b>					
	71. REVIEWING SUPERVISOR (Print Name) <b>DELAO, EDWARD A</b>		STAR NO. <b>1946</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>23-JAN-2012 07:50:21</b>		TIME	
	72. REVIEWING SUPERVISOR (Print Name) <b>DELAO, EDWARD A</b>		STAR NO. <b>1946</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>23-JAN-2012 07:50:21</b>		TIME	

**WATCH COMMANDER/OCIC REVIEW**

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON. 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**☐ DNA☒ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

member's actions were reasonable under the circumstances and within the use of force guidelines.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1081401 OBTAINED

**78. WATCH COMMANDER/OCIC (Print Name)**

GIGLIO, ROBERT S

**SIGNATURE****DATE COMPLETED****TIME**

23-JAN-2012 10:23:14

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

**ATTACHMENTS - PHOTOCOPIES OF:**☐ CASE REPORT☐ ARREST REPORT☐ SUPPLEMENTARY REPORT☐ OFFICER BATTERY REPORT☐ TO-PHOM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)☐ I.O.D. REPORT☐ CR INITIATION REPORT**80. TOTAL TRR'S THIS EVENT No.**

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